

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2308-560
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>		<p style="margin: 0;">In re Application of Fortune et al.</p> <hr/> <p style="margin: 0;">Application Number 10/552,095 Filed 04/02/2004</p> <p style="margin: 0;">For TISSUE-ADHESIVE FORMULATIONS</p> <hr/> <p style="margin: 0;">Group Art Unit 1618 Examiner Paul Dickinson</p>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) \$ <u>65</u> <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) \$ _____ <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) \$ _____ </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. </div> <div style="margin-left: 40px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div style="text-align: center;"> <u>/Edwin V. Merkel/</u> Signature </div> <div style="text-align: center;"> <u>September 22, 2009</u> Date </div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-top: 10px;"> <div style="text-align: center;"> <u>Edwin V. Merkel</u> Typed or printed name </div> <div style="text-align: center;"> <u>(585) 263-1128</u> Telephone Number </div> </div> </div>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>		

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